



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJD001807304

INSTALLATION ADDRESS

HILLMASTER CHEMICAL COMPANY
11 SUMMIT AVENUE
BERKELEY HEIGHTS NJ 07922

11 SUMMIT AVENUE
BERKELEY HEIGHTS NJ 07922



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	NJD001807304
I. NAME OF INSTALLATION	BERKELEY CHEM MILLMASTER ONYX
II. INSTALLATION MAILING ADDRESS	11 SUMMIT AVENUE BERKELEY HTS, NJ 07922
III. LOCATION OF INSTALLATION	11 SUMMIT AVENUE BERKELEY HEIGHTS, NJ 07922

FOR OFFICIAL USE ONLY		COMMENTS
C		

15 16	INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
5	NJD001807304		8/08/88

I. NAME OF INSTALLATION	MILLMASTER CHEMICAL COMPANY
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II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
3	11 SUMMIT AVENUE
CITY OR TOWN	
4	BERKELEY HEIGHTS
ST.	NJ
ZIP CODE	07922

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5	SAME
CITY OR TOWN	
6	
ST.	
ZIP CODE	

IV. INSTALLATION CONTACT		PHONE NO. (area code & no.)
NAME AND TITLE (last, first, & job title)		
2	BIESI ADECHI JOSEPH P GEN MGR	201-464-1200

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
8	MILLMASTER ONYX GROUP KEWANEE IND., INC.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL	M = NON-FEDERAL	<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
	M	<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))				
<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	
<input type="checkbox"/> A. FIRST NOTIFICATION	<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
C. INSTALLATION'S EPA I.D. NO.	
NJ0001807304	

IX. DESCRIPTION OF HAZARDOUS WASTES	
Please go to the reverse of this form and provide the requested information.	

CONTINUE ON REVERSE

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U031 23 - 26	32 U092 23 - 26	33 U122 23 - 26	34 U154 23 - 26	35 U211 23 - 26	36 U220 23 - 26
37 U239 23 - 26	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Joseph P. Biesiadecki

JOSEPH P. BIESIADECKI GEN. MGR

AUG 14, 1980

ap

GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
I. EPA I.D. NUMBER		*NJDD001807304		F N J D O O 1 8 0 7 3 0 4 3 D	
III. FACILITY NAME		MILLMASTER CHEMICAL COMPANY			
V. FACILITY MAILING ADDRESS		11 SUMMIT AVENUE BERKELEY HEIGHTS NJ 07922			
VI. FACILITY LOCATION		11 SUMMIT AVENUE BERKELEY HEIGHTS NJ 07922			
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY		1 SKIP MILLMASTER CHEMICAL COMPANY			
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 B. I. E. S. I. A. D. E. C. K. I. J. O. S. P. G. E. N. M. A. N. A. G. E. R.			2 0 1 4 6 4 1 2 0 0		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 1 1 S U M M I T A V E N U E					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 B E R K E L E Y H E I G H T S				N J	0 7 9 2 2
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 1 1 S U M M I T A V E N U E					
B. COUNTY NAME					
U N I O N					
C. CITY OR TOWN				D. STATE	E. ZIP CODE
6 B E R K E L E Y H E I G H T S				N J	0 7 9 2 2
				F. COUNTY CODE (if known)	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	9	(specify)	Industrial organic chemicals & intermediates	
7	2	8	3	4	(specify)	Pharmaceutical intermediate	
C. THIRD				D. FOURTH			
7	2	8	7	9	(specify)	Agricultural chemicals	
7	2	8	9	9	(specify)	Chemical preparations	

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?					
8 MIL LMA STER ONYX GROUP KEWANEE IND. INC.												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)					
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) Private		212 687 2757			
E. STREET OR P.O. BOX															
99 PARK AVENUE															
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B NEW YORK										NY		10016		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N NJ 003042										9 P NA									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U NA										P 36092 (specify) N.J. State Dep. Boiler #5									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R NA										P 36093 (specify) N.J. State Dep. Boiler #6									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

This facility produces specialty organic and inorganic chemicals almost exclusively by batch process operation. Although some products are made for general sales most of the products are made to customer order and specifications, and usually involve intricate, multi-step chemical syntheses.

F9: A/51

PERMITS ADMIN BRANCH
RECEIVED
Nov 18 2 03 PM '80
ENVIRONMENTAL PROTECTION
AGENCY
NY 10007

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Irving Reines President		November 17, 1980

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER F N J D O O 1 8 0 7 3 0 4 3 1																																																																									
FOR OFFICIAL USE ONLY																																																																													
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day) 8 0 1 1 1 9		COMMENTS																																																																									
II. FIRST OR REVISED APPLICATION																																																																													
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																													
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																													
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																													
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																													
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																													
B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																													
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																													
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																													
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																													
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																													
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																													
1. AMOUNT - Enter the amount.																																																																													
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																													
<table><tr><td>PROCESS</td><td>PRO-CESS CODE</td><td>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</td><td>PROCESS</td><td>PRO-CESS CODE</td><td>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</td></tr><tr><td>Storage:</td><td></td><td></td><td>Treatment:</td><td></td><td></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>Disposal:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></table>						PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:			Treatment:			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																													
S C T/A C 1 2 13 14 15																																																																													
D U P																																																																													
LINE NUMBER A. PRO-CESS CODE (from list above) B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) 2. UNIT OF MEASURE (enter code) FOR OFFICIAL USE ONLY																																																																													
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

PAB
Nov 18 2 08 PM '80
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2											included with above	

EPA ID NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N J D O O 1 8 0 7 3 0 4 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	F 0 0 3	62,784 000	P	S 0 2	S 0 1																				
2	F 0 0 4	81,329 000	P	S 0 2	S 0 1																				
3	U 1 5 4	12,468 000	P	T 0 3																					
4	U 2 3 9	15,500 000	P	S 0 1																					
5	U 1 5 4	13,500 000	P	S 0 1																					
6	D 0 0 1	39,400 000	P	T 0 3																					
7																									
8																									
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26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

FG: $\frac{A}{55}$ FG: $\frac{A}{56}$

EPA I.D. NO. (enter from page 1)

F N J D O O 1 8 0 7 3 0 4 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 41 17 0

LONGITUDE (degrees, minutes, & seconds)

074 26 40 0

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E Millmaster-Onyx Group, Kewanee Industries, Inc.

212 687 2757

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 99 Park Avenue

G New York

N Y

10016

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Irving Gaines

B. SIGNATURE



C. DATE SIGNED

Nov. 17, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

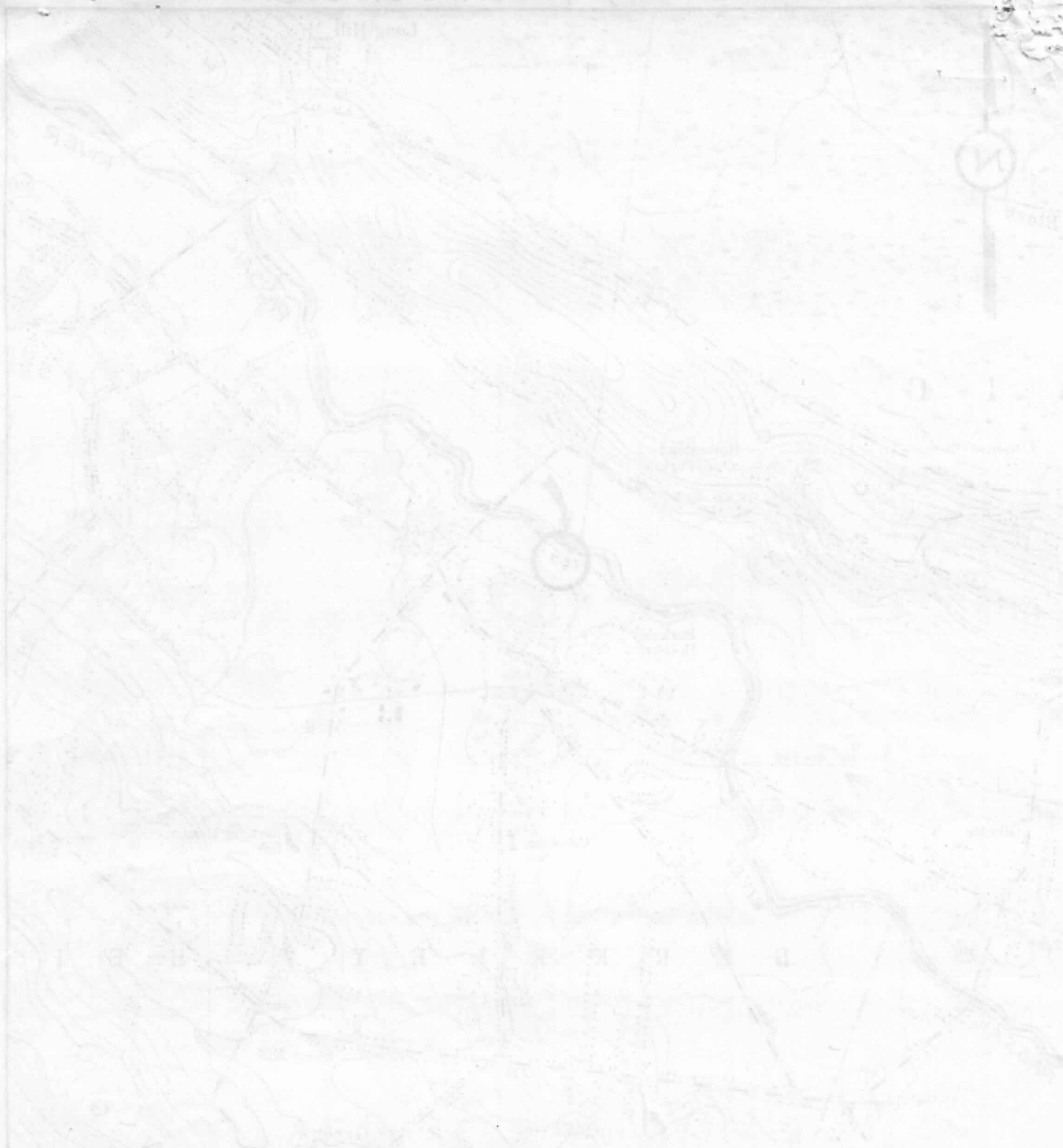
Joseph P. Biesiadecki

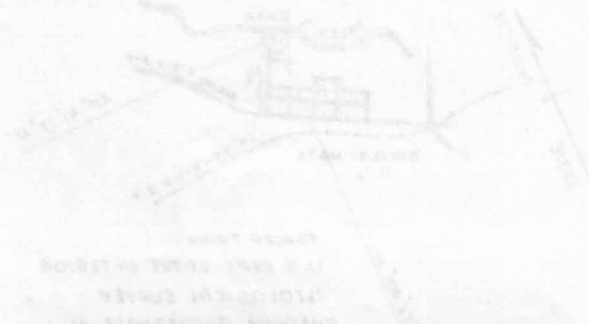
B. SIGNATURE

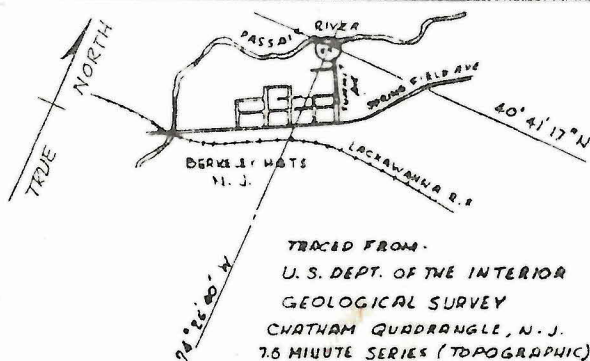
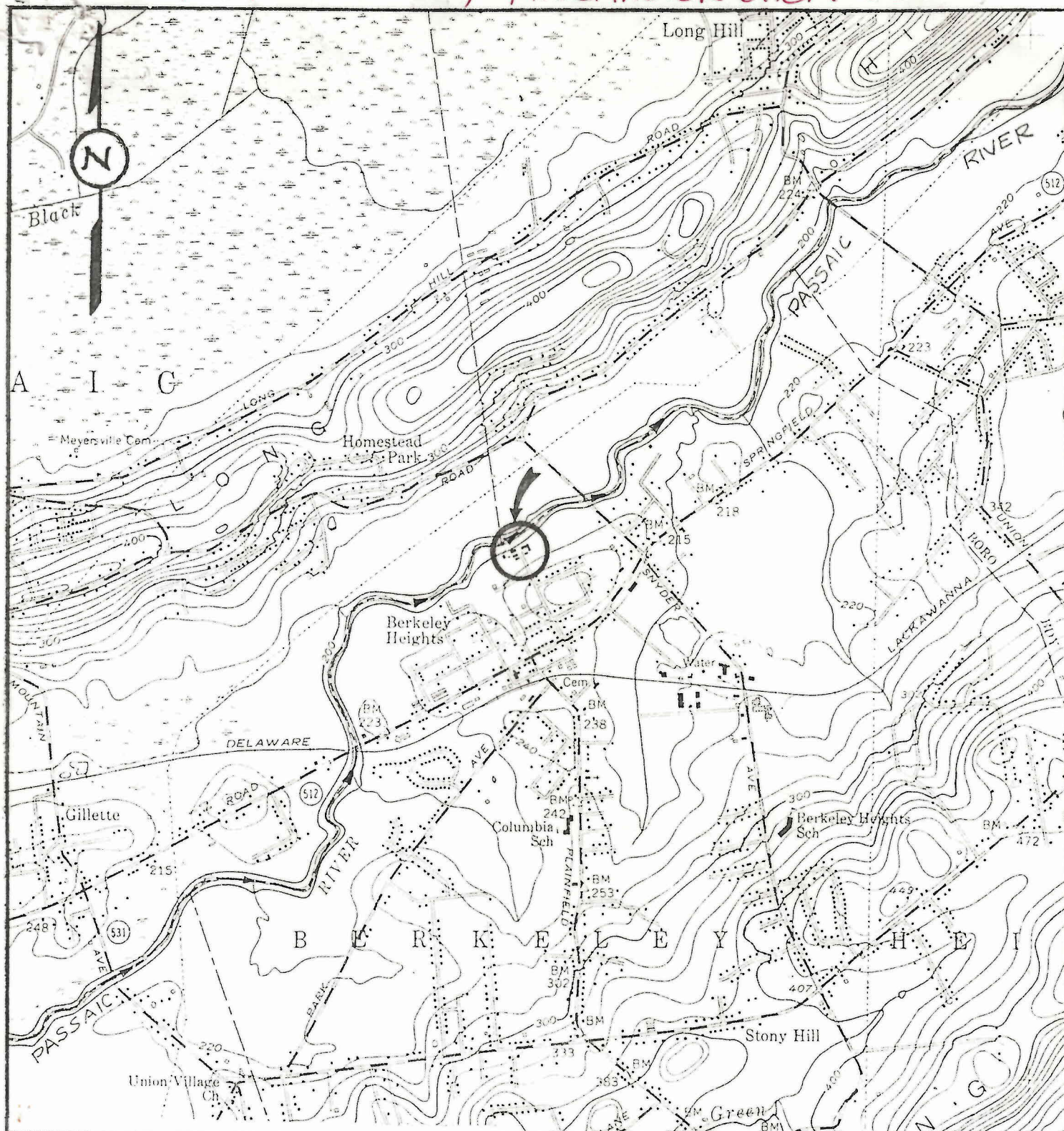


C. DATE SIGNED

Nov. 17, 1980



	
WILLMASTER CHEMICAL CO. KEMMERLE INDUSTRIES, INC. LOCATION MAP WILLMASTER CHEMICAL CO. KEMMERLE INDUSTRIES, INC.	
DATE	12-1-50
BY	RM-13
REV	001



MILLMASTER CHEMICAL CO.
KEWANEE INDUSTRIES, INC.

TITLE: LOCATION MAP
MILLMASTER CHEMICAL CO.
BERKELEY HEIGHTS, NEW JERSEY

SCALE:
1:24,000

DWN: *AKP*

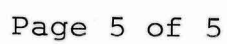
DATE 11-17-80

APPR.

DWG N2

REV

BM-13



PLANT OVERVIEW - WEST TO EAST.



November 14, 1980

DRUM STORAGE FACILITY - USED FOR RAW MATERIAL STORAGE



November 14, 1980

AND

DRUMS OF WASTE MATERIAL STORED FOR DISPOSAL.



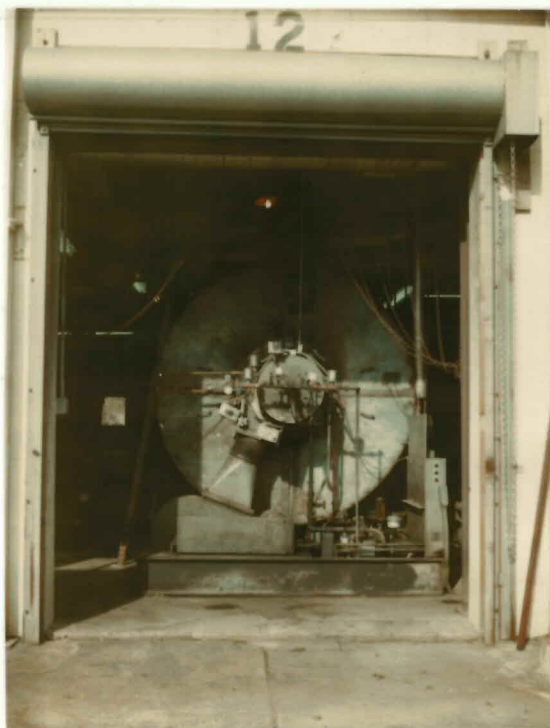
November 14, 1980

STORAGE TANKS - USED FOR SPENT SOLVENT OR CHEMICAL
WASTE AS NEEDED.



November 14, 1980

STEAM GENERATOR - EQUIPPED FOR BURNING NON-COMMERCIAL
FUEL BY MIXING WITH FUEL OIL.



November 14, 1980

NON-COMMERCIAL FUEL STORAGE TANKS TO FEED TO STEAM
GENERATOR.



November 14, 1980



millmaster onyx group

ENGINEERING & ENVIRONMENTAL AFFAIRS DEPT.

11 SUMMIT AVENUE
BERKELEY HEIGHTS, N. J. 07922
201 / 464-1200

EPA, Region II
Information Service Center
26 Federal Plaza
New York, N.Y. 10007

Attention: Mr. Tom Taccone

Dear Mr. Taccone:

Attached is a copy of the letter which we sent last November indicating that Millmaster Chemical had received two EPA I.D. numbers and that we expect to file under just one of them. We would appreciate your entering this information in your records.

Very truly yours,

Charles R Bartels

Charles R. Bartels
Manager
Environmental Control
Millmaster Onyx Group

CRB:gm

PAB
MAR 26 2 32 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

kewanee INDUSTRIES, INC.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

26 FEDERAL PLAZA

NEW YORK NEW YORK 10278

February 9, 1981

NYD096132816

MILLMASTER ONYX CORPORATION

99 PARK AVE
NEW YORK

NY 10016

PAB
MAR 25 2 22 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Dear Sir:

The United States Environmental Protection Agency (EPA) regulates the handling of hazardous wastes under the Resource Conservation and Recovery Act (RCRA) 42 U.S.C. §6901 et seq. Under Section 3010 of RCRA, 42 U.S.C. §6930, parties handling certain quantities of hazardous wastes (these wastes are characterized and listed in regulations which were published in the Federal Register of May 19, 1980, 45 FR 33084 et seq. and July 16, 1980, 45 FR 47832 et seq.) are required to notify EPA of their activities. Facilities handling wastes defined by the May 19, 1980 regulations were required to notify by August 18, 1980. Facilities handling wastes defined by the July 16, 1980 regulations were required to notify by October 14, 1980. We have not yet received a notification from you or your company.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information of parties who handle hazardous wastes. Based upon information available to this Agency, we believe that you or your company handles such hazardous wastes. Therefore, in order to determine the extent of your hazardous waste activity, and to determine whether you should have notified EPA pursuant to §3010, we require that you answer the questions posed below. Your reply should be completed and signed by a responsible official of your firm and returned to us within 21 days of the date of this letter. If you have already notified EPA of your hazardous waste activity, please respond, indicating your prior notification and listing your EPA Identification Number, if available.

Please answer the following questions:

- 1) Do you handle any "hazardous wastes," as this term is defined in RCRA and the regulations promulgated under RCRA (regulations published in the Federal Register on May 19, 1980; July 16, 1980; October 30, 1980; November 12, 1980; November 17, 1980 and November 25, 1980)?
- 2) If you do handle such wastes, what is the greatest quantity of hazardous wastes that you handle in any one month?
- 3) If you do handle any hazardous wastes, please identify them by type, characteristics, components, or by the process that produces these wastes.
- 4) How do you handle these wastes (i.e. do you generate, transport, treat, store or dispose of them)?



millmaster chemical company

MILLMASTER ONYX GROUP

BERKELEY CHEMICAL DEPT.
11 SUMMIT AVENUE
BERKELEY HEIGHTS, N. J. 07922
201 / 464-1200

November 17, 1980

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

Attn: Mr. Harry Ruisi

Dear Mr. Ruisi:

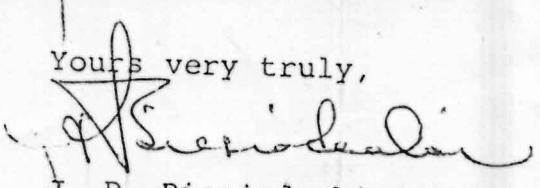
We have received at this location two copies of the Notification of Hazardous Waste Activity; one for Millmaster Chemical Company, EPA I.D. No. NJDO01807304 and one for Millmaster Onyx Corporation, EPA I.D. No. NJDO94972742.

The correct name for this facility is Millmaster Chemical Company, EPA I.D. No. NJDO01807304. The Notification has been filed under that name and the acknowledgement received from the EPA (copy included). All permits will be filed under Millmaster Chemical Company, NJDO01807304.

For your information the Millmaster Chemical Company is part of Millmaster-Onyx Group, Kewanee Industries, Inc. No manufacturing facility named Millmaster Onyx Corporation is now in existence.

I am returning the unfiled Notification form for Millmaster-Onyx Corporation. Should you require further information, please contact Mr. Gary Danis, Director of Engineering, Millmaster Onyx Group, at 201/464-1200 or Mr. Dennis Sadlowski, Group Counsel, at 212/687-2757.

Yours very truly,


J. P. Biesiadecki
General Manager

JPB/ca
enclosure

cc: G. Danis
R. Bartels
D. Sadlowski

kewanee INDUSTRIES, INC.

MAR 26 2 32 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007



C 1105 = 6
done already

SB-fae

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 028, Trenton, N.J. 08625

MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

26 SEP 1984

Robert E. Roller
Millmaster Onyx Group, Inc.
11 Summit Avenue
Berkeley Heights, NJ 07922

RE: Millmaster Chemical Company, Berkeley Heights
EPA ID NO. NJD 001 807 304

Dear Mr. Roller:

The Department of Environmental Protection has reviewed your August 6, 1984 notification with documentation as evidence of a complete closure of all hazardous waste storage and treatment activities at the above referenced facility.

The certification of closure by a registered professional engineer and by the owner are in accordance with the requirements of N.J.A.C. 7:26-9.8 and the closure plan.

On the basis of the aforementioned, the Department concludes that Millmaster Chemical Company identified as:

EPA ID NO. NJD 001 807 304

has completed closure of hazardous waste storage and treatment activities at the facility and is no longer considered a hazardous waste treatment, storage, disposal (TSD) facility.

Your company's hazardous waste facility is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3).

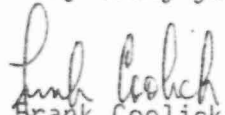
The issuance of this letter by the Department does not indicate, or imply, and should not be construed as a waiver of any requirements pursuant to the New Jersey Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq. and regulations promulgated thereunder concerning New Jersey Pollutant Discharge Elimination System, N.J.A.C. 7:14A-1 et seq. If your facility is in any of the regulated categories identified in the above cited regulations, you are hereby directed to apply for any and all permits necessary within ninety (or 180 days - at the option of DWR) to the Bureau of Ground Water Discharge Permits, CN 029, Trenton, New Jersey, 08625. Applications may be obtained by calling (609) 292-0424.

New Jersey Is An Equal Opportunity Employer

26 SEP 1984

You are further reminded that to operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP7/slw

c: A. Chang, Region II USEPA



millmaster onyx group, INC.

ENGINEERING & ENVIRONMENTAL AFFAIRS DEPT.

FEB 10 1983
~~Mugdan~~
~~Davis~~
Columb
11 SUMMIT AVENUE
BERKELEY HEIGHTS, N. J. 07922
201 / 464-1200

February 8, 1983

CR3 -
Delete
Status

U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, N. Y. 10278

Attn: Mr. Walter Mugdan
Chief, General Enforcement Branch

Re: NJD 001807304
Millmaster Chemical Company
Millmaster Onyx Group
Div. Kewanee Industries, Inc.

Region II Form letter dated 1/31/83
Alledged violations of:

- 40 CFR 265.143
- 40 CFR 265.147

Dear Mr. Mugdan:

To confirm our phone conversation of February 8, 1983, please be advised that the above referenced facility is no longer in business.

In accordance with the requirements of the Resource Conservation and Recovery Act, 40 CFR Part 260, Subpart G, a Closure Plan was submitted during October of 1981. It is my understanding that the Closure Plan was processed by Mr. John R. Jimenez, Waste Facilities Branch, Enforcement Division, EPA Region II.

Please let me know if any question remains.

Sincerely,

Robert E. Roller

Robert E. Roller
Millmaster Onyx Group, Inc.

CMRRR P 388 721 445

Attachment: EPA II

Form Letter 1/31/83

cc: G. F. Danis
J. P. Biesiadecki

RER:gm

ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10001
MAR 17 8 34 AM '83
RECEIVED

JH
HWS
3/24/83

file NJD001807304



millmaster chemical company

MILLMASTER ONYX GROUP

BERKELEY CHEMICAL DEPT.
11 SUMMIT AVENUE
BERKELEY HEIGHTS, N. J. 07922
201 / 464-1200

November 17, 1980

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

Attn: Mr. Harry Ruisi

Dear Mr. Ruisi:

We have received at this location two copies of the Notification of Hazardous Waste Activity; one for Millmaster Chemical Company, EPA I.D. No. NJD001807304 and one for Millmaster Onyx Corporation, EPA I.D. No. NJD094972742.

The correct name for this facility is Millmaster Chemical Company, EPA I.D. No. NJD001807304. The Notification has been filed under that name and the acknowledgement received from the EPA (copy included). All permits will be filed under Millmaster Chemical Company, NJD001807304.

For your information the Millmaster Chemical Company is part of Millmaster-Onyx Group, Kewanee Industries, Inc. No manufacturing facility named Millmaster Onyx Corporation is now in existence.

I am returning the unfiled Notification form for Millmaster-Onyx Corporation. Should you require further information, please contact Mr. Gary Danis, Director of Engineering, Millmaster Onyx Group, at 201/464-1200 or Mr. Dennis Sadlowski, Group Counsel, at 212/687-2757.

Yours very truly,

J. P. Biesiadecki
General Manager

JPB/ca
enclosure

cc: G. Danis
R. Bartels
D. Sadlowski

kewanee INDUSTRIES, INC.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

03JD001807304

INSTALLATION ADDRESS

HILLMASTER CHEMICAL COMPANY
11 SUMMIT AVENUE
BERKELEY HEIGHTS

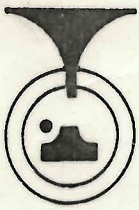
NJ

07922

11 SUMMIT AVENUE
BERKELEY HEIGHTS

NJ

07922



millmaster onyx group

ENGINEERING & ENVIRONMENTAL AFFAIRS DEPT.

11 SUMMIT AVENUE
BERKELEY HEIGHTS, N. J. 07922
201 / 464-1200

October 14, 1981

Regional Administrator
EPA Region II
26 Federal Plaza
New York, N.Y.

Attn: Mr. John Jimenez
Hazardous Waste Permit Section-Room 845

Dear Sirs:

NGD001807304

Enclosed is a revision to the closure plan, original submitted on 9/22/81. This has been prepared in accordance with the conversation between Mr. Gary Danis of Millmaster, and Mr. John Jimenez of EPA. If any further questions or modification requirements arise, please contact Mr. Gary Danis or myself in his absence. Thank you for your cooperation in this matter.

Very truly yours,

J.P. Biesiadecki
General Manager

JPB:gm

cc: Dr. Richard Baker ✓
Branch Chief
Permits Administration

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007
OCT 20 2 03 PM '81

kewanee INDUSTRIES, INC.

CLOSURE PLAN

Reference: EPA I.D. No. N.J. D001807304

In accordance with the requirements of the Resource Conservation and Recovery Act, 40 CFR Part 260, Subpart G a Closure Plan has been prepared for the Millmaster Chemical Company, Division of Kewanee Industries, Inc., located at 11 Summit Avenue, Berkeley Heights, N.J.

This facility manufactures specialty organic chemical by batch processes. The hazardous wastes generated on this site have the following EPA designation Nos:

U239,F003 - Spent xylene and still bottoms from xylene recovery.

U154,F005* Spent methanol and still bottoms from methanol recovery.

D001 Other ignitable materials.

*This was listed as F004 in error on the Hazardous Waste Permit application.

On site treatment has consisted of burning non-halogenated solvents as non-commercial fuel in the plant boiler under a NJDEP permit. A copy of this permit is attached as Exhibit 1.

Tanks have been used to store only those materials suitable to burn in the boiler. All other hazardous wastes have been stored in 55 gal drums for offsite disposal.

This plant has ceased production as of August 20, 1981. Process equipment, raw material storage, product storage and associated equipment and transfer lines have all been emptied and flushed as part of the process shutdown. This equipment will be finally closed and ready for inspection by November 20, 1981.

The Closure Plan for this facility consists of the following:

1. All hazardous wastes resulting from the shutdown of process equipment have been segregated from non-hazardous wastes and useful product.
2. Storage tanks containing flammable wastes will be emptied as far as practicable by continuing to burn these materials in the boiler. These tanks will then be drained and water flushed with these residual materials, put into properly labeled drums, or sucked into vacuum trucks, where appropriated.

NEW YORK, N.Y. 10007
ENVIRONMENTAL PROTECTION
AGENCY
OCT 20 2 04 PM '81
PERMITS AND COMPLIANCE
REGION II

3. All remaining hazardous wastes will be in drums. These will be sent to licensed waste disposal facilities under manifest.

It is estimated that a total of 85,975 gallons of hazardous wastes will be disposed of from the time of plant shutdown until final closure. This will be completed within 90 days of plant shutdown. Exhibit 2 is an approximate breakdown by type of hazardous wastes to be disposed of. Exhibit 3 is a timetable for disposal.

All tanks, equipment and structures will be left in a condition suitable for dismantling. Although no specific post-closure care is anticipated, there is no definite plans for leveling the plant at this time. The site will be continued to be occupied by administrative personnel until such time as it is disposed of.

The Closure cost for this plant is estimated at \$120,000.

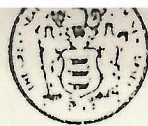
Final Closure in accordance with this plan will be certified by Arthur L. Straubing, P.E. of Straubing & Rubin, P.O. Box 27, South Orange, N.J. 07079, 201/762-5950.

Prepared by: Gary F. Danis
N.J. P.E.

9/22/81
Rev. 1-10/14/81

Aug 30
Nov. 70

EXHIBIT 1



NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CERTIFICATE TO OPERATE CONTROL APPARATUS OR EQUIPMENT

TO: New Jersey State Department of Environmental Protection
Bureau of Air Pollution Control
P. O. Box 1390
Trenton, New Jersey 08625

Date October 11, 1977

Use Instructions, App-D-1a

Sec. A	1. Reference Permit No. <u>36072</u> SIC No. _____
	2. Full Business Name <u>Millmaster Chemical Div., M-O Group, Kewanee, Inc.</u>
	3. Address of equipment and/or control apparatus: <u>11 Summit Avenue, Berkeley Heights, New Jersey 07922 Union</u> No. Street Municipality County
	4. Location on premises (Bldg., Dept., area, etc.) <u>Building #12, Boiler #5.</u>
Sec. B	1. Identify process equipment <u>Orr & Sembower, 500 HP fire tube boiler, #5.</u>
	2. List air pollution control apparatus <u>None</u>
	3. Date equipment to be put in use _____
Sec. C	Plant Contact:
	<u>J. P. Biesiadecki</u> <u>201-464-1200</u> Name (Print or Type) Telephone No.
	<u>Plant Manager</u> <u>51</u> Title Telephone Extension

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007
OCT 20 2 04 PM '81

This application is submitted in accordance with the provisions of N.J.S.A. 26:2C-9.2, and to the best of my knowledge and belief is true and correct.

Millmaster Chemical Company
Berkeley Chemical Department
11 Summit Avenue

Berkeley Heights, N.J. 07922
Mailing Address, Zip

J. P. Biesiadecki
Signature
J. P. Biesiadecki
Name (Print or Type)
Plant Manager
Title

DO NOT WRITE BELOW

CERTIFICATE TO OPERATE CONTROL APPARATUS OR EQUIPMENT	
TEMPORARY DURATION	5 YEAR DURATION
Certificate No. _____	Certificate No. <u>36092</u>
Date Approved _____	Date Approved <u>MAR 9 1978</u>
Expiration date _____	Expiration date <u>MAR 9 1983</u>
Approved by: _____ Supervisor, Permits & Certificates	Approved by: <u>Allen T. Edwards</u> Supervisor, Permits & Certificates

Submit original and seven (7) copies

M6042



NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CERTIFICATE TO OPERATE AIR-CONDITIONING APPARATUS OR EQUIPMENT

1. Name of Applicant: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone: _____

5. Name of Equipment: _____
6. Model Number: _____
7. Manufacturer: _____
8. Date of Purchase: _____

9. Name of Installer: _____
10. Address: _____
11. City: _____ State: _____ Zip: _____

12. Name of Owner: _____
13. Address: _____
14. City: _____ State: _____ Zip: _____

15. Name of User: _____
16. Address: _____
17. City: _____ State: _____ Zip: _____

18. Name of Employer: _____
19. Address: _____
20. City: _____ State: _____ Zip: _____

21. Name of Contractor: _____
22. Address: _____
23. City: _____ State: _____ Zip: _____

24. Name of Supplier: _____
25. Address: _____
26. City: _____ State: _____ Zip: _____

27. Name of Distributor: _____
28. Address: _____
29. City: _____ State: _____ Zip: _____

30. Name of Agent: _____
31. Address: _____
32. City: _____ State: _____ Zip: _____

33. Name of Representative: _____
34. Address: _____
35. City: _____ State: _____ Zip: _____

36. Name of Contact Person: _____
37. Address: _____
38. City: _____ State: _____ Zip: _____

39. Name of Contact Person: _____
40. Address: _____
41. City: _____ State: _____ Zip: _____

42. Name of Contact Person: _____
43. Address: _____
44. City: _____ State: _____ Zip: _____

45. Name of Contact Person: _____
46. Address: _____
47. City: _____ State: _____ Zip: _____

48. Name of Contact Person: _____
49. Address: _____
50. City: _____ State: _____ Zip: _____

51. Name of Contact Person: _____
52. Address: _____
53. City: _____ State: _____ Zip: _____

54. Name of Contact Person: _____
55. Address: _____
56. City: _____ State: _____ Zip: _____

57. Name of Contact Person: _____
58. Address: _____
59. City: _____ State: _____ Zip: _____

60. Name of Contact Person: _____
61. Address: _____
62. City: _____ State: _____ Zip: _____

63. Name of Contact Person: _____
64. Address: _____
65. City: _____ State: _____ Zip: _____

APPLICATION FOR PERMIT TO CONSTRUCT, INSTALL OR ALTER CONTROL APPARATUS OR EQUIPMENT

TO: New Jersey State Department of Environmental Protection
Bureau of Air Pollution Control
P. O. Box 1390
Trenton, New Jersey 08625

Date October 11, 1977

Use instructions on back of form

Sec. A	1. Full Business Name <u>Millmaster Chemical Div., M-O Group, Kewanee Indust</u> 2. Address of equipment and/or control apparatus: <u>11 Summit Avenue, Berkeley Heights, New Jersey 07922 Union</u> No. Street Municipality County 3. Location on premises (Bldg., Dept., area, etc.) <u>Building #12, Boiler #5.</u> 4. Nature of Business _____ SIC No. _____							
Sec. B	1. <input type="checkbox"/> New process equipment and new air pollution control apparatus <input type="checkbox"/> New air pollution control apparatus on existing process equipment <input type="checkbox"/> New process equipment with no control apparatus <input checked="" type="checkbox"/> Other: <u>Burning of waste solvent in steam boiler.</u> 2. Prior permit numbers covering this installation. Specify <u>CT 12895 - for #4 boiler.</u> 3. Estimated starting date _____ Estimated completion _____							
Sec. C	1. Description of operation <u>Recovered solvent is fed alone, or with #6 fuel oil to a steam boiler.</u> 2. Identify process equipment <u>Orr & Sembower, 500 HP fire tube boiler, #5.</u> 3. Raw materials (names) <u>#6 fuel oil, recovered alcohols, acetone, xylene, or similar solvents or C₄ hydrocarbons. No waste materials contain</u> <u>20 sulfur or halogens are to be burned.</u> Total pounds per hour _____ Total pounds per batch _____ 4. Operating procedure: - Continuous: <u>24</u> hrs. per day <u>7</u> days per week <input checked="" type="checkbox"/> month - Batch: _____ hrs. per batch _____ batches per day _____ week Physical and chemical nature of air contaminants which may evolve from operation and be emitted into the atmosphere: _____							
Sec. D	AIR CONTAMINANTS The recovered solvent burns in the same manner as fuel oil and contributes no contaminants or particulates. Burning recovered solvent conserves fuel oil. When burning #6 fuel oil	AMOUNTS OF CONTAMINANTS <table border="1"> <thead> <tr> <th>With Control Apparatus</th> <th>Without Control Apparatus</th> </tr> </thead> <tbody> <tr> <td>Particulates</td> <td>< 2#/hr.</td> </tr> <tr> <td>SO₂</td> <td>1.9 LB/HR *</td> </tr> </tbody> </table>	With Control Apparatus	Without Control Apparatus	Particulates	< 2#/hr.	SO ₂	1.9 LB/HR *
With Control Apparatus	Without Control Apparatus							
Particulates	< 2#/hr.							
SO ₂	1.9 LB/HR *							

NEW YORK, N.Y. 10007
ENVIRONMENTAL PROTECTION AGENCY
OCT 20 2 04 PM '77
PERMITTING BRANCH

* ref letter 12/4/77 mms.

Sec. E

- Describe air pollution control apparatus None
- Efficiency of control apparatus: N.A.
- Height of discharge above ground 30 ft.
- Distance from discharge to nearest property line 500 ft.
- Volume of gas discharged into open air 6056 cu. ft. per min. at stack conditions
- Exit linear velocity at point of discharge 1500 ft. per minute at stack conditions
- Temperature at point of discharge 370 °F
- Will emissions comply with existing local requirements? Yes
- Initial cost of control apparatus \$ 5,000.00
- Estimated annual operating cost \$ 500.00

PERMITS AND
 REPORTS
 OCT 20 2 04 PM '81
 ENVIRONMENTAL PROTECTION
 AGENCY
 NEW YORK, N.Y. 10007

This application is submitted in accordance with the provisions of N.J.S.A. 26:2C-9.2, and to the best of my knowledge and belief is true and correct.

Millmaster Chemical Company
 Berkeley Chemical Department
 11 Summit Avenue

Berkeley Heights, New Jersey
 Mailing Address 07922

Zip Code

J. P. Biesiadecki
 J. P. Biesiadecki
 Name (Print or type)

Plant Manager

Title

Telephone No.

DO NOT WRITE BELOW

PERMIT TO CONSTRUCT, INSTALL OR ALTER CONTROL APPARATUS OR EQUIPMENT

Application for permission to construct, install or alter the equipment and/or control apparatus as set forth above is APPROVED.

Date JAN 4 1978

PERMIT NO. 36092

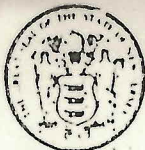
Approved by: *Allen T Edwards*

Supervisor, Permits & Certificates

Submit original and three (3) copies

Fee submitted \$ 40 ☐ Cash ☐ Cert. Ck. ☐ Pers. Ck. ☒ Money Order
 Fee required \$ ☐ Fee and Application returned
 Additional Fee requested \$ Refund Voucher submitted \$

M5379



NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CERTIFICATE TO OPERATE CONTROL APPARATUS OR EQUIPMENT

TO: New Jersey State Department of Environmental Protection
Bureau of Air Pollution Control
P. O. Box 1390
Trenton, New Jersey 08625

Date October 11, 1977

Use Instructions, Air-D-14

Sec. A	1. Reference Permit No. <u>36093</u> SIC No. _____
	2. Full Business Name <u>Millmaster Chemical Div., M-O Group, Kewanee Ind.</u>
	3. Address of equipment and/or control apparatus: <u>11 Summit Avenue, Berkeley Heights, New Jersey 07922</u> Union No. _____ Street _____ Municipality _____ County _____
	4. Location on premises (Bldg., Dept., area, etc.) <u>Building #12, Boiler #6.</u>
Sec. B	1. Identify process equipment <u>Orr & Sembower, 500 HP fire tube boiler, #6.</u>
	2. List air pollution control apparatus <u>None</u>
	3. Date equipment to be put in use _____
Sec. C	Plant Contact:
	<u>J. P. Biesiadecki</u> <u>201-464-1200</u> Name (Print or Type) Telephone No.
	<u>Plant Manager</u> <u>51</u> Title Telephone Extension
	<u>_____</u> Title _____

OCT 20 2 04 PM '77
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

This application is submitted in accordance with the provisions of N.J.S.A. 26:2C-9.2, and to the best of my knowledge and belief is true and correct.

Millmaster Chemical Company
Berkeley Chemical Department
11 Summit Avenue

Berkeley Heights, N.J. 07922
Mailing Address, Zip

J. P. Biesiadecki
Signature all copies
Name (Print or Type)
Plant Manager
Title

DO NOT WRITE BELOW

CERTIFICATE TO OPERATE CONTROL APPARATUS OR EQUIPMENT	
<p>TEMPORARY DURATION</p> <p>Certificate No. _____</p> <p>Date Approved _____</p> <p>Expiration date _____</p> <p>Approved by: _____ Supervisor, Permits & Certificates</p>	<p>5 YEAR DURATION</p> <p>Certificate No. <u>36093</u></p> <p>Date Approved <u>MAR 9 1978</u></p> <p>Expiration date <u>MAR 9 1983</u></p> <p>Approved by: <u>[Signature]</u> Supervisor, Permits & Certificates</p>



NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF CONSENT TO OPERATE UNDER A PERMIT

TO: [Name of Permittee]
FROM: [Name of Agency]
DATE: [Date]

1. [Text block]
2. [Text block]
3. [Text block]

4. [Text block]
5. [Text block]

6. [Text block]
7. [Text block]

8. [Text block]

9. [Text block]

10. [Text block]

11. [Text block]

12. [Text block]

13. [Text block]

14. [Text block]

15. [Text block]

16. [Text block]

17. [Text block]

18. [Text block]

19. [Text block]

20. [Text block]

APPLICATION FOR PERMIT TO CONSTRUCT, INSTALL OR ALTER CONTROL APPARATUS OR EQUIPMENT

TO: New Jersey State Department of Environmental Protection
Bureau of Air Pollution Control
P. O. Box 1390
Trenton, New Jersey 08625

Date October 11, 1977

Use instructions, Appendix

Sec. A	1. Full Business Name <u>Millmaster Chemical Div., M-O Group, Kewanee Industr</u>
	2. Address of equipment and/or control apparatus: <u>11 Summit Avenue, Berkeley Heights, New Jersey 07922 Union</u> No. Street Municipality County
	3. Location on premises (Bldg., Dept., area, etc.) <u>Building #12, Boiler #6.</u>
	4. Nature of Business _____ SIC No. _____

Sec. B	1. <input type="checkbox"/> New process equipment and new air pollution control apparatus <input type="checkbox"/> New air pollution control apparatus on existing process equipment <input type="checkbox"/> New process equipment with no control apparatus <input checked="" type="checkbox"/> Other: <u>Burning of waste solvent in steam boiler.</u>
	2. Prior permit numbers covering this installation. Specify: <u>CT 12895 - for #4 boiler.</u>
	3. Estimated starting date _____ Estimated completion _____

Sec. C	1. Description of operation <u>Recovered solvent is fed alone, or with #6 fuel oil to a steam boiler.</u>
	2. Identify process equipment <u>Orr & Sembower, 500 HP fire tube boiler, #6.</u>
	3. Raw materials (names) <u>#6 fuel oil, recovered alcohols, acetone, xylene, or similar solvents or C₂₀ hydrocarbons. No waste materials containing sulfur or halogens are to be burned.</u> Total pounds per hour: _____ Total pounds per batch: _____
	4. Operating procedure: <input type="checkbox"/> Continuous: <u>24</u> hrs. per day <u>7</u> days per week <input checked="" type="checkbox"/> month <input type="checkbox"/> Batch: _____ hrs. per batch _____ Batches per day _____ week

Physical and chemical nature of air contaminants which may evolve from operation and be emitted into the open air:

AIR CONTAMINANTS	AMOUNTS OF CONTAMINANTS	
	With Control Apparatus	Without Control Apparatus
Sec. D The recovered solvent burns in the same manner as fuel oil and contributes no contaminants or particulates. Burning recovered solvent conserves fuel oil. When burning #6 fuel oil.	Particulates <u>SO₂</u>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg);"> <p>ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10007 OCT 20 2 04 PM '77 i. 9. HB A</p> </div> <p><u>12-2-77</u> <u>alter</u> <u>mxd</u></p>

EXHIBIT 2

BREAKDOWN BY TYPE OF WASTES TO BE DISPOSED OF

Waste water/xylene emulsion (Tank washings)	50,000 gallons
--	----------------

Bulk Solvents

Methyl Alcohol Recovered	4,000 gallons
Propyl Alcohols	4,000 gallons
Waste Xylene	8,000 gallons

Drummed Waste

Sewer Waste	120 drums	6,600 gallons
Still Btms-Solvent Rec	100 drums	5,500 gallons
Spent Carbon-Air Purification	35 drums	1,825 gallons
Filter Press Cakes (Various)	70 drums	3,850 gallons
Triethyl Amine Watermix	20 drums	1,100 gallons
Miscellaneous Drums	20 drums	1,100 gallons

TOTAL	365 drums	85,975 gallons
-------	-----------	----------------

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ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

EXHIBIT 3

TIMETABLE FOR DISPOSAL AND CLEANUP

- | | | |
|----|---|-------------------|
| 1. | Process Equipment Cleaned | November 1, 1981 |
| 2. | Disposal of Waste Water/Xylene | November 1, 1981 |
| 3. | Disposal of Bulk Solvents and Bulk Waste Solvents | November 15, 1981 |
| 4. | Storage Tanks Cleaned and Rinsed | November 30, 1981 |
| 5. | All Waste Drums Disposed of | December 15, 1981 |

PERMITS SECTION
REGION II
OCT 20 2 04 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: *Millmaster Chemical Co.*

EPA I.D. NUMBER: *NJ 0001887304*

COMPANY ADDRESS: *11 Summit Ave, Berkeley Heights*

COMPANY CONTACT OR OFFICIAL: *Ed Logan
Gary Davis*

INSPECTOR'S NAME: *Bob Dante*

TITLE: *office manager
Environmental Affairs*

BRANCH/ORGANIZATION: *NTDEP*

CHECK IF FACILITY IS ALSO A TSD
FACILITY ☒

DATE OF INSPECTION: *3-1-82*

YES NO

DON'T
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? *no waste on site only waste*

is off spec material millmasters is trying to get a

a. If yes, what leads you to believe it is hazardous waste?

Check appropriate box:

buyer for the material

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☒ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

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046

YES	NO	DON'T KNOW
-----	----	---------------

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

—	✓	—
---	---	---

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

*Hydroxyl terminated polyester
not considered waste
yet mill master trying to
find a buyer*

- d. Describe the activities that result in the generation of hazardous waste.

off spec finished product

- (2) Is hazardous waste stored on site?

3	✓	—
---	---	---

- a. What is the longest period that it has been accumulated?

off spec product on site Since August 81.

- b. Is the date when drums were placed in storage marked on each drum?

—	✓	—
---	---	---

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

✓	—	—
---	---	---

- a. If "yes," approximately how many shipments were made?

approx 30 shipments

all manifests were not seen see comments

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

approx 30

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

✓	—	—
---	---	---

- b. If "no" or "don't know," please elaborate.

DON'T
KNOW

YES

NO

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number ✓
- the generator's name, mailing address, telephone number, and EPA identification number ✓
- the name, and EPA identification number of each transporter ✓
- the name, address and EPA identification number of the designated facility and an alternate facility, if any: ✓
- a description of the wastes (DOT) ✓
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle ✓
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA ✓

(5) Were there any hazardous wastes stored on site at the time of the inspection?

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labelled?

d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

* (6) Has the generator submitted an annual report to EPA covering the previous calendar year? WPA

a. How do you know? _____

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? ✓

a. If "no," have Exception Reports been submitted to EPA covering these shipments? _____

(8) General comments. *company in the process of closing down all wastes have been shipped off site. The company official was not on site I was shown around by a plant worker, who was able to show me only manifests since the beginning of 1981.*

* The effective date for this requirement is March 1, 1982.

RCRA INSPECTION REVIEW SHEET

Name of Facility - millmaster chemical co.
RCRA ID# - NJ0001807304
Date of Inspection - 3-1-82
Type of Inspection: Generator Transporter
Name of EPA/State Inspector - Bob Dante, NJDEP

TSD

Findings of Inspection: Company is going out of business
all waste have been shipped off site. The only
material on site is Hydroxy terminated polyester
which is off spec product, which the company is
trying to sell. No paper or Environmental violations
were observed.

Action(s) Taken: NONE

Action(s) Recommended: NONE

PERMITS SECTION
MAR 29 9 25 AM '82
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: Millmaster Chemical Co EPA I.D. Number: NJ0001807304

COMPANY ADDRESS: 11 Summit Ave, Berkeley Hts

COMPANY CONTACT OR OFFICIAL:

OTHER ENVIRONMENTAL PERMITS HELD

Gary Davis

Ed Logan

TITLE: Director of Engineering

& Env. Affairs

Office Manager 464-1200

INSPECTOR'S NAME: Bob Dante

BY FACILITY: ☒ NPDES

☐ AIR

☐ OTHER

DATE OF INSPECTION: 3-1-82

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 9:30 AM

(1) Is there reason to believe that the facility has hazardous waste on site? No - Company in the process of closing down

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☐ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	—	<u>✓</u>	—

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each. no wastes on site
only ext spec product which the company is trying to sell.

(2) Does the facility generate hazardous waste?

✓ — —

(3) Does the facility transport hazardous waste?

— ✓ —

(4) Does the facility treat, store or dispose of hazardous waste?

✓ — —

VISUAL OBSERVATIONS

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|---|-------------------------------------|-------------------------------------|--------------------------|
| (5) <u>SITE SECURITY</u> (§265.14) | | | |
| a. Is there a 24-hour surveillance system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a suitable barrier which completely surrounds the active portion of the facility? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Are there ignitable, reactive or incompatible wastes on site? (§265.27) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", what are the approximate quantities? | | | |
| b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If "YES", explain | | | |
| d. In your opinion, are proper precautions taken so that these wastes do not: | | | |
| - generate extreme heat or pressure, fire or explosion, or violent reaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - damage the structural integrity of the device or facility containing the waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - threaten human health or the environment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? *NO*
- (7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

YES	NO	DON'T KNOW
-----	----	---------------

- an internal communications or alarm system? ☒ YES ☐ NO ☐ DON'T KNOW
- a telephone or other device to summon emergency assistance from local authorities? ☒ YES ☐ NO ☐ DON'T KNOW
- portable fire equipment? ☒ YES ☐ NO ☐ DON'T KNOW
- adequate aisle space? ☒ YES ☐ NO ☐ DON'T KNOW
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. ☒ YES ☐ NO ☐ DON'T KNOW

no wastes on site

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. *see above*

- *(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ☒ YES ☐ NO ☐ DON'T KNOW

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. ☐ YES ☒ NO ☐ DON'T KNOW
- b. Do you believe that operation of this facility may affect groundwater quality? ☐ YES ☒ NO ☐ DON'T KNOW
- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? ☐ YES ☒ NO ☐ DON'T KNOW
- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? ☐ YES ☐ NO ☐ DON'T KNOW
- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate)
approx 30 of waste generated
- c. Does each manifest (or a representative sample) have the following information?
- a manifest document number ☒ YES ☐ NO ☐ DON'T KNOW

* This requirement applies only after November 19, 1981.

YES NO DON'T
KNOW

- the generator's name, mailing address, telephone number, and EPA identification number ☒ YES ☐ NO ☐ DON'T KNOW
 - the name, and EPA identification number of each transporter ☒ YES ☐ NO ☐ DON'T KNOW
 - the name, address and EPA identification number of the designated facility and an alternate facility, if any; ☒ YES ☐ NO ☐ DON'T KNOW
 - a DOT description of the wastes ☒ YES ☐ NO ☐ DON'T KNOW
 - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle ☒ YES ☐ NO ☐ DON'T KNOW
 - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA ☒ YES ☐ NO ☐ DON'T KNOW
- d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain. ☐ YES ☒ NO ☐ DON'T KNOW

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

No wastes on site

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?

(You may check more than one)

Waste characteristics vary ☐

All wastes are basically the same ☐

Company treats all waste as hazardous ☐

Don't Know ☐

- b. Does hazardous waste come to this facility from off-site sources? ☐ YES ☒ NO ☐ DON'T KNOW

- c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? *NA* ☐ YES ☐ NO ☐ DON'T KNOW

(12) INSPECTIONS (§265.15)

- a. Does the facility have a written inspection schedule? *No wastes on site* ☐ YES ☒ NO ☐ DON'T KNOW

- b. Does the schedule identify the types of problems to be looked for and the frequency for inspections? ☐ YES ☐ NO ☐ DON'T KNOW

- c. Does the owner/operator record inspections in a log? ☐ YES ☐ NO ☐ DON'T KNOW

- d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain. ☐ YES ☐ NO ☐ DON'T KNOW

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ☒ ☐ ☐
- type and amount of training to be given to personnel in jobs related to hazardous waste management? ☒ ☐ ☐
- actual training or experience received by personnel? ☒ ☐ ☐

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?
(§265.51)

a. Does the plan describe arrangements made with local authorities? ☒ ☐ ☐b. Has the contingency plan been submitted to local authorities? ☒ ☐ ☐How do you know? *company official told me*c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☒ ☐ ☐d. Does the plan have a list of what emergency equipment is available? ☒ ☐ ☐e. Is there a provision for evacuating facility personnel? ☒ ☐ ☐f. Was an Emergency Coordinator present or on call at the time of the inspection? ☐ ☒ ☐

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? *NA* ☐ ☐- location and quantity of each waste? *NA* ☐ ☐- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? *NA* ☐ ☐- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? *NA* ☐ ☐*(16) Does the facility have written closure and post-closure plans? (§265.110) ☒ ☐ ☐

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? *NA* ☐ ☐

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? ✓
- a description of the steps necessary to decontaminate facility equipment during closure? ✓
- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed? NA
- b. What is the anticipated date for final closure? _____
- tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? NA
- d. Does the written post-closure plan include:
 - a description of planned groundwater monitoring activities and their frequencies during post-closure? _____
 - a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? _____
 - the name, address and phone number of a person or office to contact during post-closure? _____
- *(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142)
What is it? \$ 120 Thousand dollars ✓
- *(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance?
What is it? (§265.144) NA
- *(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) _____
- a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area? _____
- b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? _____

† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

N.A.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	<u>YES</u> <u>NO</u> <u>DON'T KNOW</u>
	Other _____	

CONTAINERS (\$265.170)

1. Are there any leaking containers?
If "YES", explain. _____
2. Are there any containers which appear in danger
of leaking?
If "YES", explain. _____
3. Do wastes appear compatible with container
materials? _____
4. Are all containers closed except those in use? _____
5. Do containers appear to be opened, handled
or stored in a manner which may rupture the
containers or cause them to leak? _____
6. How often does the plant manager claim to inspect
container storage areas? _____
7. Does it appear that incompatible wastes are being
stored in close proximity to one another?
If "YES", explain. _____
8. Are containers holding ignitable or reactive
wastes located at least 15 meters (50 feet) from
the facility's property line? _____
9. What is the approximate number and size of
containers with hazardous wastes? _____

	<u>TANKS</u> (\$265.190)	<u>YES</u>	<u>NO</u>	<u>DON'T</u> <u>KNOW</u>
1. Are there any leaking tanks? If "YES", explain.		—	—	—
2. Are there any tanks which appear in danger of leaking. If "YES", explain.		—	—	—
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.		—	—	—
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?		—	—	—
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?		—	—	—
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.		—	—	—
7. How often does the plant manager claim to inspect container storage areas?				
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.		—	—	—
9. What is the approximate number and size of tanks containing hazardous wastes?				

SURFACE IMPOUNDMENTS (\$265.220)

1. Is there at least 2 feet of freeboard in the impoundment?	—	—	—
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	—	—	—
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	—	—	—

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion?
a. Does it appear to need such protection?
b. Explain what type of protection exists.
2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.
3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.
a. Is the pile placed on an impermeable base that is compatible with the waste?
b. Is the pile protected from precipitation and run-on?
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil?
Please explain.

- *2. Is run-on diverted away from the active portions of the land treatment facility?
- *3. Is run-off collected?
4. Are food chain crops being grown on the facility property?
- a. If "YES", can the facility operator document that arsenic, lead and mercury:
- will not be transferred to the crop or ingested by food chain animals or
 - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils.
- b. Has notification of the growing of the food chain crops been made to the Regional Administrator?
5. Is there a written and implemented plan for unsaturated zone monitoring?
6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility?
7. Do the closure and post-closure plans address:
- a. control of migration of hazardous wastes into the groundwater?
 - b. control of run-off, release of airborne particulate contaminants?
 - c. compliance with requirements for the growth of food-chain crops (if they are present)?
8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition?
If "YES", explain.
9. Are incompatible wastes placed in the same land treatment area?
If "YES", explain.
10. What is the area of the land receiving hazardous waste treatment?

LANDFILLS (\$265.300)

- †1. Is run-on diverted away from the active portions of the landfill?
- †2. Is run-off from active portions of the landfill collected?

* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

- | | | | |
|--|-------|-------|-------|
| 3. Is waste which is subject to wind dispersal controlled?
Explain. | _____ | _____ | _____ |
| 4. Does the owner/operator maintain a map with: | | | |
| - the exact location and dimensions of each cell | _____ | _____ | _____ |
| - the contents of each cell and approximate location of each hazardous waste type | _____ | _____ | _____ |
| 5. Do the closure and post-closure plans address: | | | |
| - control of pollutant migration via ground water? | _____ | _____ | _____ |
| - control of surface water infiltration? | _____ | _____ | _____ |
| - prevention of erosion? | _____ | _____ | _____ |
| 6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know. | _____ | _____ | _____ |
| 7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain. | _____ | _____ | _____ |
| 8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES", | _____ | _____ | _____ |
| a. Does the landfill have a liner which is chemically and physically resistant to the added liquid? | _____ | _____ | _____ |
| b. Is the waste treated and stabilized so that free liquids are no longer present? | _____ | _____ | _____ |
| *9. Are containers holding liquid waste or waste containing free liquids placed in the landfill? | _____ | _____ | _____ |
| 10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills? | _____ | _____ | _____ |
| If so, are they crushed flat, shredded or similarly reduced in volume before they are buried? | _____ | _____ | _____ |
| 11. What is the approximate area of the hazardous waste landfill? | | | |

INCINERATORS AND THERMAL TREATMENT
 (§§265.340 and 265.379) ¹

YES NO KNOW

1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?
2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions.
If "NO", answer only questions 3 and 7.
3. Has waste analysis been performed (and written records kept) to include:
 - heating value of the waste
 - halogen content
 - sulfur content
 - concentration of lead
 - concentration of mercury

NOTE: Waste analysis need not be performed on each waste load if
if there are documented data available to show waste characteristics
that do not vary. If there are such documented data available,
check here ☐.

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes? _____
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:
- waste feed _____
 - auxiliary fuel feed _____
 - air flow _____
 - incinerator temperature _____
 - scrubber flow _____
 - scrubber pH _____
 - relevant level controls _____

Every hour for:

5. Is there open burning of hazardous waste?

a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)

b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

YES NO DON'T
KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

— — —

a. Is there any evidence of fugitive emissions?

— — —

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

— — —

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

— — —

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

— — —

3. Is there ignitable or reactive waste fed
into the treatment system?

— — —

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

— — —

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

— — —

5. Describe the treatment system at this facility.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

NJD001807304

MILLMASTER CHEMICAL COMPANY
BIESIADECKI JOS P GEN MAN
11 SUMMIT AVENUE
BERKELEY HEIGHTS

NJ 07922

Re:

EPA Identification number:
Facility located at:

Dear Sir or Madam:

The Environmental Protection Agency (EPA) is charged with responsibility for implementing the Solid Waste Disposal Act, as amended, 42 U.S.C. §6901 et seq. (the Act). [Note: Among the statutes amending the Act is the Resource Conservation and Recovery Act (RCRA), 90 Stat. 2795, P.L. 94-580 (1976).]

By notification you informed EPA that you conduct activities involving hazardous waste at the above-referenced facility. By the submittal of a Part A application pursuant to the requirements of 40 CFR Part 122, you requested a permit to conduct such hazardous waste activities.

40 CFR Part 265 sets interim status standards for hazardous waste treatment, storage, and disposal facilities. These standards apply until final administrative disposition of permit application for these facilities has been made. No such final disposition has been made with respect to your facility, and thus the standards of Part 265 apply thereto.

40 CFR §265.143 (amended on April 7, 1982) requires that by the effective date of the regulation (July 6, 1982) an owner or operator of a hazardous waste facility must establish financial assurance for closure of the facility, as well as post-closure monitoring. As of December 15, 1982, information available to EPA indicates that your facility had not submitted the documents necessary to comply with this requirement. You are therefore in violation of 40 CFR §265.143.

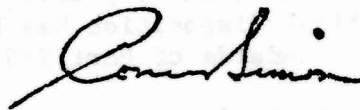
40 CFR §265.147 (amended on April 17, 1982) requires that by the effective date of the regulation (July 17, 1982) an owner or operator of a hazardous waste facility must establish financial responsibility for bodily injury and property damage to third parties caused by sudden accidental occurrences arising from operations of the facility. As of December 15, 1982, information available to EPA indicates that your facility had not submitted the documents necessary to establish compliance with the liability insurance requirement. You are therefore in violation of 40 CFR §265.147.

Section 3008 of the Act authorizes the assessment of a civil penalty of up to \$25,000 per day for violations of statutory provisions or the regulations. The determination of whether a penalty is to be imposed is based upon the nature and the seriousness of the violation and any good faith efforts to comply with the applicable requirements.

It is your responsibility to correct all violations as expeditiously as possible. Should the violation(s) cited above not be cured within twenty (20) days of the date of this letter, it is likely that an action for the assessment of a civil penalty will be initiated. If you rectify the above-cited non-compliance within the twenty (20) day period, EPA will exercise its enforcement discretion and not assess a penalty for past financial requirements noncompliance. Furthermore, this letter in no way precludes an enforcement action for any other violations found at your facility.

In order to ensure that you are in compliance with the regulations, you must submit a copy of the required documents to Helen Beggun, Chief, Grants Administration Branch, Office of Policy and Management, U.S. Environmental Protection Agency, 26 Federal Plaza, New York, New York, 10278, within twenty (20) days of the date of this letter. Should you need any help concerning the applicability of the financial requirements to your facility, please call Mr. Joseph Cvinar of that Branch at (212) 264-9862. Please note that if you have submitted the necessary documents, you should contact Mr. Cvinar immediately.

Dated: New York, New York
January 31, 1983



CONRAD SIMON
Director, Air and Waste Management
Division
U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 028, Trenton, N.J. 08625

MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

26 SEP 1984

Robert E. Roller
Millmaster Onyx Group, Inc.
11 Summit Avenue
Berkeley Heights, NJ 07922

RE: Millmaster Chemical Company, Berkeley Heights
EPA ID NO. NJD 001 807 304

Dear Mr. Roller:

The Department of Environmental Protection has reviewed your August 6, 1984 notification with documentation as evidence of a complete closure of all hazardous waste storage and treatment activities at the above referenced facility.

The certification of closure by a registered professional engineer and by the owner are in accordance with the requirements of N.J.A.C. 7:26-9.8 and the closure plan.

On the basis of the aforementioned, the Department concludes that Millmaster Chemical Company identified as:

EPA ID NO. NJD 001 807 304

has completed closure of hazardous waste storage and treatment activities at the facility and is no longer considered a hazardous waste treatment, storage, disposal (TSD) facility.

Your company's hazardous waste facility is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3).

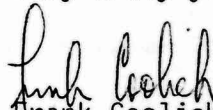
The issuance of this letter by the Department does not indicate, or imply, and should not be construed as a waiver of any requirements pursuant to the New Jersey Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq. and regulations promulgated thereunder concerning New Jersey Pollutant Discharge Elimination System, N.J.A.C. 7:14A-1 et seq. If your facility is in any of the regulated categories identified in the above cited regulations, you are hereby directed to apply for any and all permits necessary within ninety (or 180 days - at the option of DWR) to the Bureau of Ground Water Discharge Permits, CN 029, Trenton, New Jersey, 08625. Applications may be obtained by calling (609) 292-0424.

New Jersey Is An Equal Opportunity Employer

26 SEP 1984

You are further reminded that to operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP7/slw

c: A. Chang, Region II USEPA